

3771 Eastwood Drive Jackson, Mississippi 39211 Phone 601-432-8000 Fax 601-713-6380 www.its.ms.gov

## **Planned Purchase Request**

		- 1 1411			1		
Project Title:			Planned Purchase(s) for FY				
		<b>imber:</b> (only requi	red from state agencies)				
Contact Inforn				Contact Persor			
Agency/Institution Mailing Address:			Phone Number				
Mailing Address.		H	Email Address	•			
MAGIC Customer	ad from state agen	cios)	Division/Dept:	•			
Project Summ	· ·	ed from state agent	Sies)	bivision/bept.			
Description of Pro (Include details of ori acquisition if applicate	oject: ginal						
		1) should be eff	ective through this date	:			
<b>Cost Estimate</b>							
Fiscal Year Initi	al Costs	Ongoing Co	osts Time Co	nstraints	Other Imp	ortant Deadline(s): (e.g. current	
FY			Item Needed by	:	contract/CP-	-1 expiration dates)	
FY			Funds Expire:				
FY FY				Total Estimated Project Cost: (enter below)		Estimate the Anticipated Lifecycle or Years of Product/System's Effective Use:	
FY						Years	
Funding Source:							
of needed funding is any matching or othe	definite; total r non-state fund	project budget;					
Acquisition De							
Item or Part Numl	ber Quantity	Description		EPL Name	and Number	Building Location(s)	
computing/storage, c	olocation, busin	ess resiliency, etc. ITS available co	ork connectivity, cloud )? NOTE: For equipmen ontracts and resources,	f			
Progress to Date:	(Related to pro	ject - including any	communication with ITS sta	ff)			
<b>Vendors Conta</b>							
<ul><li>2) Attach the writ</li><li>3) Attach a printo</li><li>4) Verify that ven</li></ul>	citation reque ten quotes re- out of the EPL dor pricing is s: Up to \$1,00	sting the quotes to ceived from EPL page(s) containing the same or less 10,000.00, a mining the same or less 10,000.00, a	from the vendors. vendors, accompanied by ng the product(s) to be ac than EPL pricing. mum of two (2) vendor qu nimum of three (3) vendor	quired. otes must be at	tached.	oplicable.  ITS Board approval is required.	
Selection and		•	(1)				
1) If the quotes re	ted vendor(s equested were	) from the quota brand-specific,				standard was established.	
			ntial justification for the se			s request.	
MAGIC Vendo	r Code(s) -	Vendor must be	in MAGIC before a CP-1	can be issued.			
Place Order To	Vendor Nam	e:	Re	nit To Ven	dor Name:		
Vendor Code:	Vend Addres	or		or Code:	Vendor Address:		
By my signature, agency's/institution's	I acknowledg		conduct the procureme	nt of the IT p		rvices indicated above with m	
Name and Title (Age	ency Head/Ins	titution Presiden	t/CIO) Signature	<u> </u>		Date	